

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

GENERAL NO 97673-02	FILING DATE
APPLICANT(S)	

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	8					
4	8					
5	8					
6	8					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	19	↔	↔	↔		
TOTAL CLAIMS	22	↔	↔	↔		

CLAIMS						
	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔		